

Draft Notes from Meeting of Section 26/Social Inclusion Group held on 4th April 06

Present Stuart Lennox
 Kevin Hurst
 Sandra Grant
 Pippa Coutts
 Linda Reid
 Annabel Sinclair
 Dennis McLafferty
 Isabella Goldie
 Margaret Christie
 Robbie Campbell
 Simon Bradstreet

Apologies From all other group members

1 The first part of the meeting focussed on Peter's amended and re circulated draft report (Everybody's Business) even though Peter was not present.

(i) Linda agreed to pass on the comments. (**Action LR**)

- Some members of the group felt that the report was now rather wordy and some what repetitive
- It probably needed to be punchier and this would be helped by the inclusion of more Scottish policy and cross referencing of existing targets
- It would need a strong Executive Summary as there was recognition that a summary was all many people would read.
- There remained considerable concern about the format of the Appendix grids. Most people felt that although the ideas and suggestions would be helpful and encouraging the layout led to confusion. Suggestions were made of reformatting but it was felt a design specialist was needed.

(ii) Linda also agreed to discuss with Lauren Murdoch the progress with Branch 2 getting other SE divisions to read and incorporate their policies and targets into the report. **Action: LR**

(iii) Only Dennis had asked other LA colleagues to read it and make comments from their perspective. All Dennis' colleagues had found it readable but without more policy and targets from their own priorities Dennis felt that they would be unlikely to action.

Others present agreed to ask colleagues to review it. **Action: All LA Members of Group**

(iv) Robbie asked if there could be a guide for service users outlining their rights in relation to Section 25-31 and what they could expect LAs and Health Boards to provide. Linda agreed to speak to Fiona Tyrell who was in charge of the user guides. **Action: LR**

2 The second part of the meeting focussed on measurement of progress with Sections 25-31, particularly looking at engagement, inclusion and recovery.

There was a wide ranging discussion but eventually the group decided that an audit to gather baseline information on people using secondary mental health services might then give people measures that could become part of the Delivery Plan and even MH LITs, and simultaneously raise people's awareness of the issues. This data could then be built into developing information systems for routine collection. Over time it would be data that should

include those with mental health difficulties served by primary and intermediate services as well.

Simon advised that the SRN Narrative research project has highlighted that a critical factor in people's recovery appears to be the chance to contribute in some way, whether in the person's own world, at work or in the wider community. There was general agreement that social inclusion is beneficial to recovery.

Initially it was felt that **status** in relation to employment, unemployment, sickness and invalidity benefit, carer/parent, student should be recorded. Secondly there should be **an engagement measure**, recording: caring responsibilities, education, training, voluntary work and paid work. (Voluntary Work would be widely defined to include all activities where there was a voluntary contribution e.g. singing in a choir that served a church or put on concerts, participating in a drama group that put on plays, producing arts and crafts that were sold or exhibited., as well as the more traditional types of voluntary work)

To make this data richer it could be coded against **degrees of inclusion** i.e. activity within the mental health system with other mental health users would be "segregated/excluded", activity in mainstream settings but with other mental health service users would be "mixed" and activity in mainstream settings with (mainly) non mental health service users would be "integrated /included".

The group agreed that access and referral rates to a range of key services such as vocational guidance, training, education, volunteering, employment (in various) guises, as well as to leisure and recreational activities might be proxy measures, but are often subject to being service led, called different things and configured in complex ways.

There are also ways of checking proportions of time or resources spent assisting people into mainstream activities compared to those spent on segregated services, both for whole services and individuals and this might be worth examining in more detail, although the ability to track funding has always proved notoriously difficult in Mental Health.

Some group members were interested in the wider range of life domains and might be interested to work on the inclusion web, which can indicate activity in a range of life domains as well as inclusion and friendship networks. However, it was recognised that this approach requires training and commitment and would not produce nationally available data in the short to mid term.

Whilst recovery from mental illness is seen as unique and includes living with illness there is ample evidence that engagement and inclusion do assist recovery, for the present the suggested areas of data collection may need to be seen as measures which mirror recovery.

It was recognised that most areas in Scotland would welcome some consistency in data collection particularly in this complex and challenging arena.

The group felt it would be helpful to put this proposal into a paper putting this agenda into the Mental Health Delivery Plan and perhaps attracting finance for an initial audit.

Action LR (Paper tabled at the Delivery Plan Group Meeting on 21 April attached)

3 The final part of the meeting focussed on the Section 26 work in progress and what should be the next steps

In train and with finance committed are

- The Guidance on Section 26 Launch and publication style to be discussed with SOLACE **Action LR** to speak with George Hunter
- Recall Event to showcase developments (15th June)
- Launch of Social Inclusion Planner (15th June)
- Reference Group meeting regularly

Potential Work

- Work on DDA type audit for MH friendly services. Stuart thought this had already been undertaken by Glasgow Leisure and Recreation Services as part of anti stigma/charter work , he agreed to source and share with group **Action: SL**
- Some discussion of other DDA type approaches. Would all group members please explore and seek similar material. **Action: All**
- There was a need to work more closely with service users and carers on this agenda. Robbie agreed to take the agenda to VOX and advise the group how they should proceed. **Action: RC**
- There was a need to ensure that nurses fully understood social inclusion. Robert Davidson was discussing with the MH Nurses Forum how to approach this (Feedback after the meeting suggested a specially tailored course by Peter for Nurse Leaders would be well received. **Action LR to progress with Robert and Peter**)
- Simon is also to assist NES in developing Recovery focussed training to RMNs , it will be essential to ensure social inclusion is part of that training. Peter is adding similar approaches into the 10 essential capabilities framework in England and it might be transferred relatively easily to Scotland. **Action LR, PB. SB. NES.**
- Sandra raised two other issues the first was where Psychiatrists were at with this agenda and how we could get into Psychiatric Conferences; and secondly whether there was enough attention to diversity and cultural sensitivity in this work. We agreed to take more time on these issues at our next meeting.

4 **Date, Time and Place of Next Meeting**

Tuesday 4th May 10 00 – 16 00 Parliament House Hotel, Edinburgh